

REPORT OF STUDY ON COMMUNITY ACTIVITIES
FOR THE RETARDED IN TWENTY-ONE STATES

PROCEDURES USED IN STUDY

Shortly after the first of the year 1960, the Minnesota Association for Retarded Children undertook a study of some of the laws relating to the mentally retarded in twenty states. This association employs a program analyst whose duties include gathering material on what is being done elsewhere as part of the association's responsibility in helping to see that Minnesota's program for the retarded is constantly improved. She reviewed the statutes of these twenty states in relation to community aspects of a program for the retarded, but is limiting the report largely to state financial participation for the following facilities: Day care for children (not school classes;) sheltered workshops or adjustment centers for older persons; recreation programs; diagnostic centers; mental health clinics; boarding homes or other locally organized residential facilities. There were also some other items not directly related to financial aid.

The twenty states studied were those listed by the National Association for Retarded Children in March 1959 as then having or having recently had official commissions studying some phase of problems of the mentally retarded, These are California, Connecticut, Florida, Illinois, Indiana, Kansas, Kentucky, Maine, Massachusetts, Michigan, Missouri, New Jersey, New York, Oregon, South Carolina, South Dakota, Texas, Utah, Virginia, Wisconsin* The Commission reports were reviewed before the statutes were read. In reporting on the status of each state in regard to items listed earlier, Minnesota's status will be added.

About the middle of April forms were prepared for the purpose of indicating which of the above states subsidized listed activities. They were checked by the program analyst and sent to the states for correction. There was no request for any description of administrative procedures and thus it is realised some responses may have been misinterpreted, although representatives from several states wrote quite clear explanations of their programs or sent printed material which was most interesting and helpful.

BASIS FOR STUDY

The gathering of this information was undertaken by the association because this state now has an interim commission studying the needs of handicapped children, including the retarded. The Minnesota Association for Retarded Children is of the opinion that it is imperative the state be concerned in broadening and stimulating community activities in order that eventually diagnostic and treatment facilities and others which provide care, training and socialization for the retarded shall be available for every retarded person of every age and degree of retardation in every community. Only thus is there a real basis for a decision concerning the need for institutional care in individual cases and only thus can the need be reduced for this latter state service. This association has asked the cooperation of

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these twenty states because it believes that achievements in one state **can** serve as an impetus to another in reaching its goal of an improved program. This summary and interpretation is written in order to evaluate the information received and to consider it in relation to our own state program.

SCOPE OF REPORT LIMITED

It must be stressed however, that this report is not a study of activities existing in communities, but only of state assistance in the financing of them. For instance, it is probable that few ARC units have failed to organize some type of day care activity or recreation program. In some states including Minnesota, an official agency sets standards for these and licenses them.

It would be interesting and helpful to have full information on existing facilities in the states as well as on licensing procedures and standards, and perhaps this information can be gathered later. However, this association is convinced that until a state goes beyond standard setting or licensing and establishes some type of state participation or subsidy, the number of activities will be limited and the geographical areas covered will usually be restricted to those which have large population centers.

TRENDS SHOWN

The laws reviewed include those passed in 1959, and for one state, Kentucky, those of 1960. There are two points that stand out: One is that acceptance of this type of state responsibility is new, and considering that fact there appears to be a real trend towards cooperation with local agencies through state subsidy; the other is that state set-ups-possibly reflecting a state's philosophy-vary greatly and that the same type of program may be administered by any one of several state departments. RECOGNIZING THE FACT THAT THERE MAY BE SOME OMISSIONS OR ERRORS IN INTERPRETATION, THE FOLLOWING SUMMARIES ARE GIVEN:

DAY CARE CENTERS

There are now only four of these states that have laws providing for state financial participation in day-care centers for children, but two others give it administratively. These are:

<u>California</u>	A law-passed in 1959 provided for aid to public school district on a pilot project basis. The program is under the state department of education.
<u>Connecticut</u>	A law passed in 1959 provides that the Office of Mental Retardation within the State Department of Health should develop a program and could make grants to a school district or any acceptable non-profit organization.
<u>Kentucky</u>	This law was passed in 1960. It provides for a Division of Mental Retardation within the Department of Welfare and states that it may "to the extent that funds are available, enter

into cooperative agreements with public or private agencies operating facilities for the care, treatment and training of the mentally retarded." - This would apparently include day care facilities.

Massachusetts	This was the first state to meet this need. A law was passed in 1957 and was mandatory concerning establishment where needed of "Community Clinics." The legal description is that of a well staffed day care center.. The Division of Mental Hygiene within the Department of Mental Health is given responsibility for administration of the law.
Illinois	There is no legal provision, but the Department of Public Welfare through its Division of Community Mental Health Services has established two centers on a demonstration basis using federal funds allotted to the state.
Maine	The laws do not show any legal mandate, but the form was returned indicating that there are four centers administered by the Department of Education. There is no indication of how they are financed.
MINNESOTA	There is no subsidized or state administered center, although there are several in the state privately operated, but licensed and supervised by the state. In most instances, the initiative for organizing these centers came from ARC groups,

SHELTERED WORKSHOPS AND ADJUSTMENT CENTERS

The next item concerned "Vocational and adjustment centers or sheltered workshops" administered with a state subsidy or with the aid of federal funds granted to the state. This activity should have been divided into two groups: Sheltered workshops, interpreted to mean a facility for those expected later to enter competitive employment; adjustment center or some other term connoting an activity for those who probably will always need a very sheltered environment for the purpose of socialization and/or very restricted productive occupation. The following states have at least one type of facility:

<u>State</u>	<u>Department Administering</u>
California	Office of Vocational Rehabilitation
Connecticut	Office of Mental Retardation
Florida	Office of Vocational Rehabilitation
Illinois	Community Mental Health Services
Indiana	Office of Vocational Rehabilitation
Kentucky	Department of Education
New York	Office of Vocational Rehabilitation
South Dakota	Office of Vocational Rehabilitation
Texas	Department of Education

It seems probable that those centers subsidized through the office of Vocational Rehabilitation or the Department of Education may be for persons expected to enter competitive employment while the centers administered by other departments are for the more severely retarded. If this assumption is correct, there are only two states—Connecticut and Illinois—that have state activities for older more severely retarded persons, although a general law may give authority for the establishment of such a center in some other states. For instance, the Utah law passed in 1959 provides for "day-care centers for the training, care and social adjustment of handicapped children (includes retarded) of pre-school age, post-school age and those between who cannot benefit from an established-----program."

MINNESOTA has four workshops made possible by funds from the Office of Vocational Rehabilitation; only one of these is planned for the retarded alone. There are no state subsidized activities for the more severely retarded.

RECREATION

A recreation program state subsidized or supported exists only in Massachusetts. The law providing for this was passed in 1956 and amended in 1958. It is administered by the Department of Education and provides for subsidies to cities or towns who provide special programs for the physically handicapped or retarded.

MINNESOTA does not subsidize any recreation programs, but as in many states, some local units of government cooperate with voluntary agencies and provide special activities for the retarded as part of a community program.

DIAGNOSTIC CLINICS

Diagnostic Centers (or Clinics) for Retarded Children are subsidized in five states.

<u>Connecticut</u>	A law was passed in 1959 authorizing the Department of Health through the office of mental retardation to cooperate with a district department of health or a non-profit organization to establish up to three clinics. Those now existing have been set up with the use of federal funds.
<u>Kentucky</u>	The 1960 law would apparently make possible the establishment of such clinics under its general provision for assistance as quoted under day care centers.
<u>Massachusetts</u>	There is an old law in this state passed in 1919 providing for the retarded in established districts. It would seem these might function today as do newly established ones in other states.
<u>New York</u>	New York led the states studied (and perhaps the country) in recent legislation to establish diagnostic clinics. In 1956,

the legislature provided for the establishment of two pilot diagnostic centers. The number has been increased by the use of Federal and other funds.

Utah The 1959 statutes specifically state that "the state department of health shall provide diagnostic services with departmental funds available to determine the most appropriate methods in assisting handicapped (including retarded) children and in preparing them for adequate care and adjustment." While this does not specifically indicate the establishment of a clinic, it would seem one would result.

Florida
Indiana
Maine
South Dakota
Virginia Each of these five states has established a diagnostic clinic with federal funds administered through the Department of Health--either the Maternal and Child Health or Crippled Children's program.

Illinois This state has apparently established a special clinic within Children's Memorial Hospital with the aid of federal funds.

MINNESOTA This state has no clinics established for the purpose of diagnosing children thought to be retarded, but the children's service of the University Hospital provides diagnosis for many. In addition to other locally operated or private clinics there is also a federal grant administered by the Department of Health and co-sponsored by the Department of Public Welfare which provides diagnosis and other services to children in a four-county area. These services are not adequate for the needs, however.

DIAGNOSTIC SERVICES BY AN INSTITUTION FOR THE RETARDED

Diagnostic services by institutions for the retarded to other than applicants for entrance is a statutory provision in four states and is administratively provided in three:

Missouri Establishment of travelling clinics from the institutions for the retarded was provided for by statute in 1957. Staff is furnished by the institution, but local headquarters provided by the communities served.

Oregon The 1955 Statutes specifically provide diagnosis by the institution of school-age children if referred by the school district.

South Dakota Provision is made by a 1959 statute for persons to be received for in-patient diagnosis under very carefully worked out regulations.

Texas The 1955 Statutes provide that each institution "establish and maintain a clinic."

Connecticut According to information on the forms sent, these states
Indiana indicate each has administratively established such
Michigan clinics.

MINNESOTA This state has not given this service on an organized
 basis, although it has been done in a rare instance.

MENTAL HEALTH PROGRAMS

Many states have a mental health program which includes clinics in a number of communities. In some of the laws establishing these, there is no enumeration of who shall be served; in others the mentally retarded are mentioned among those to whom service is to be given. There is some question whether even in the latter situation the mentally retarded get a proportionate part of the time and consideration of the staff. An attempt was made to find out.

According to statutes found by the program analyst or from information sent by the states, the following have clinics established by laws: California, Florida, Indiana, Kansas, Maine, New Jersey, New York, South Carolina, Virginia, (using federal funds) and Wisconsin. Of these, only New York and Wisconsin specify service shall be given the mentally retarded. Illinois has centers or Clinics set up administratively which also serve the retarded as is true in Connecticut, Michigan and South Dakota. Commission reports of some states--and later correspondence with commission members--indicate the staff may be more interested in the mentally ill or "emotionally disturbed" than the retarded.

MINNESOTA has a mental health program with subsidized clinics in several areas of the state. The law specifies that the mentally retarded is one of the groups to be served. From observation and discussion, this association believes the service given the retarded has not been equal to that given the mentally ill. Most persons connected with mental health clinics seem to feel they are there for service to the mentally ill or emotionally disturbed and that service to the retarded is not really their function. Perhaps as there is more attention given the retarded in all areas, this will prove to be true in the clinics also. However, the focus of services to the two groups is different and one wonders whether the mentally retarded may not always come out second in clinics of this type.

BOARDING HOMES OR OTHER COMMUNITY RESIDENTIAL FACILITIES.

Connecticut Administratively there are subsidies made through the
 Department of Health.

Michigan Administratively there are subsidies through the Department
 of Health.

Several states listed state owned and operated institutions, but these are not recorded since the question was meant to imply privately operated facilities established to help the community meet its needs, or to help other communities meet theirs. Also some states pay board for an individual child in a licensed boarding home, but this is omitted.

MINNESOTA There are no state subsidies in Minnesota although there are several facilities licensed to accept only retarded children and caring for many such children. Local county welfare agencies pay all or a part of the board for many of these children. It may be in considering subsidies, it would be the county agency which should be subsidized to aid it in meeting expenses rather than a direct subsidy to the facility caring for the children.

FULLY COORDINATED AND CENTRALIZED PROGRAM FOR THE MENTALLY RETARDED

There was one further question on these forms. This asked whether the total social and institutional program is under one person who has no other responsibility; and also whether this person has a status which makes him directly responsible to a department head appointed by the governor. The forms returned indicated there may be three with this organization.

Connecticut The 1959 legislature created the Office of Mental Retardation within the Department of Health and made it responsible for this total program.

Florida The form indicated there is such a program, but apparently the institutions for the mentally retarded and for delinquent children are under the same administrative agency, and if so, the program is not set up quite as outlined in the first paragraph of this section.

New York This state has such a program by administrative action. The Office of Mental Retardation was recently established within the Department of Mental Hygiene.

If the statement concerning Florida is correct, only Connecticut and New York have a completely unified program with the administration on & top level. There are several states which have a total program within one department, but not administered as completely unified under one head with no other responsibility.

MINNESOTA Minnesota is one of the states described in the above statement. Responsibility for institutions for the retarded and the Section for the Mentally Deficient and Epileptic—the section responsible for directing county welfare boards in their activities and for an overall program including guardianship—are both within the Division of Medical Services which in turn is within the Department of Public Welfare. However, the Director of this Division has responsibility for the mentally ill, the tubercular and crippled children as well as the mentally retarded. The program of licensing and supervising day and residential facilities for the retarded is in the Division of Child Welfare also in the Department of Public Welfare.

CONCLUSIONS

The twenty-one states used for this report are situated in various areas of the United States and represent various types of development. It would therefore seem they may be really representative of the United States as a whole, as it is known many states have changed their laws or procedures without recommendations from a commission. In reviewing the laws even to the extent shown in this summary, an impressive fact stands out: Advances in this area of the field of mental retardation have come within a very recent period of time? With the exception of the very early date given for diagnostic clinics in Massachusetts no facility was subsidized and few were established earlier than 1955. Most of the state participation came within the last three years. With that fact in mind, it seems one is justified in saying that there is a trend toward more adequate service for the mentally retarded in the community and that this trend includes subsidizing facilities which are needed to bring this about.

In' reviewing laws relative to community organization the Program Analyst included other statutes which are of interest in community planning. A form is being sent to these same twenty states to get correct information on research programs, school facilities, census of the retarded, etc. This will complete the community picture and will help to give Minnesota and perhaps other states, incentive to press on for a broader, better program for the retarded.

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